

medical degree in 1805. He soon after settled in Keene, where he ever afterwards resided, and in a very short time rose to eminence in his profession. He has received repeated proposals to accept of a professorial chair, which he has always declined. He has often been elected president of the New Hampshire State Medical Society, and was an associate of the Philadelphia College of physicians. He was a prominent member of the National Convention which adopted the constitution of the National Medical Association, took an active part in its first organization, and he evinced a lively interest in its objects and its success.

Although never the occupant of a professorial chair, and having never made a book, he has done much for the usefulness and respectability of his profession. For forty years he has continually had students about him, often amounting to a considerable class; and he has done much, by his precepts and his example, to give them eminence in their profession, and to make them blessings to the communities which have afterwards surrounded them.

Such was the estimation in which he was held by his professional brethren, and by the community, that for a long time he can hardly be said to have had a professional rival in a very wide region about him. This pre-eminence resulted from a just estimate of his character—of those elements which, together, constitute a good and great physician. His characteristics were candour, frankness, sincerity, and beneficence, united with a strong judgment, an unspotted and unsuspected integrity, and sentiments that did not suffer him to stoop to anything mean or sordid. He possessed a clear and vigorous intellect, which he never ceased to cultivate, thus keeping himself well acquainted with all the resources of the healing art, and with the progress of its improvement.

Although he had great experience and eminent success as an operator, which is sometimes the chief, if not the sole, foundation of professional renown, this was far from being the chief claim to his distinction. It was his quick perception—ever awake to a scrutinizing observation—his extraordinary, almost infallible sagacity in deciphering, disentangling and analyzing the symptoms of difficult, obscure, and uncommon cases of disease; his just appreciation of the powers of nature, or of the human constitution, and his thorough knowledge of remedial agents. In these respects he has left no one superior, if he had any equal. *Sint semper tales.* B.

## DOMESTIC SUMMARY.

*Malignant Tumour of eight or ten years standing, cured after two years by a strict diet of bread and milk.*—Dr. H. J. BOWDITCH has communicated to the *Charleston Medical Journal* (Nov., 1849), a case which he considers to be of this description. The subject of it was the late Dr. Twitchell, of New Hampshire, one of the most noted surgeons of New England. The following is the medical history of his life as given by Dr. B.:—

“1st. Carcinoma has appeared in his family. His grandmother died of cancer of the mamma; his sister of a scirrhus pylorus. These are all the data of his hereditary tendencies that bear upon our main topic.

2d. In very early life, Dr. T. was in delicate health. As a youth, he was stronger and was among the foremost in all athletic sports. While at college he became dyspeptic; had icterus, with enlarged liver, &c.; subsequently, he passed gall-stones. Whilst pursuing the studies of his profession he began to suffer from asthma, and for about 20 years was very much subject to violent attacks of it, causing orthopnoea, &c. During all this period, he ate animal food very freely, three times daily, and digested it easily, whereas vegetable food caused dyspeptic difficulties. Being induced, owing to a severe acne of

the face, to abandon this course, he gave up, for nine years, the use of meat. From the period at which he first abandoned meat, he has never had an attack of asthma, and Dr. T. considers these two facts related to each other as cause and effect. Moreover, vegetable food was soon easily borne. After the nine years of vegetable regimen, he began gradually to resume the use of the milder kinds of animal food, such as poultry and somewhat of the more solid meats, until two years since, when he commenced the very rigid diet, which will be described when treating of his local disease, which is the more immediate object of this paper. Finally, I will state, as indicative, perhaps, of the tendencies of the cutaneous system to morbid action, that about four years ago he had a papular eruption lasting six weeks, and, likewise, that very many years ago he had a wart-like tumour on the scalp, which disappeared under the use of creosote, externally applied.

3. The local disease, the course and result of which I present as the chief object of interest, commenced eight or ten years since as a small but hard tumour at the internal angle of the right eye. When first noticed, it was about as large as a mustard seed, and not painful. He occasionally touched it, and had some suspicion that it might eventually prove to be of a malignant character. It was imbedded in the substance of the cutis, and from the first seemed very slowly to augment in size. At times he *thought* he felt some lancinating pains in it, which radiated to the brow. It, however, did not interfere with the functions of the lachrymal ducts, &c. About 1843 the tumour had become nearly as large as a pea, and a tendency to the formation of a scab was observed. He then was induced to try some local applications, and frequently, until 1845, used 'Jenning's Ointment.' This would remove the scab, and displayed three small lobes, from which exuded a little purulent fluid. At first the morbid growth seemed lessened by this and other milder applications, but no permanent effect was produced. At times the discharge ceased, but only to return again, and the tumour gradually lost its tri-lobed aspect. It was at this period quite conspicuous to every bystander.

August, 1845, Dr. Geo. Hayward, of this city, removed the major part of it with the scalpel. For a short time, the wound seemed doing well; but finally it did not heal, and two months afterwards it was operated on again, and nitrate of silver was applied. Meanwhile, however, there had been experienced much local pain. It was deeper seated, less transitory, and radiated towards the brow and cheek. Sometimes it was severe enough to awaken him at night, and was worse usually after long rides.

The applications during 1846-7 were chiefly of a very simple character—cold cream, preparations of zinc, &c., and once the iodide of lead. All active applications caused inflammation of the conjunctiva. The tumour continued to augment slightly, and in the spring of 1847 it presented to my eye a decidedly malignant appearance. It was an ulcer about the size of the top of the finger, with ragged, hard, elevated edges, and the irritation from the discharge caused the patient frequently to apply his handkerchief to the part. At night, it caused a gluing of the lids and a discharge on the side of the nose. I certainly believed, and Dr. T. tells me that he thought, at that time, that the disease would gradually augment and involve the eye—and he had determined, if necessary, to have this organ extirpated. His general health, as it has been already stated, continued good; but, when not actively employed, the mind was somewhat depressed at the prospect before him. At the meeting of the American Medical Association in Philadelphia, May, '47, he consulted several of the eminent men whom he met. I believe, I may say, that all regarded it as a disease of a most serious nature, although some thought it might be cured by local applications, and others advised a further operation.

Dr. T. returned home discouraged, and he decided to give up all use of medicines internally or of external applications, but to try a course of the most rigid diet. Starting from a theory that malignant diseases arise from the fact that we take too much carbon into our system, he determined to live, from that time, upon a bread and milk diet, and if, at the end of some months, he did not find any diminution in the disease he still determined to use nothing but bread and water. Since his return from Philadelphia he has strictly adhered to the bread

and milk. He has used three times daily from  $\frac{3}{4}$ iv to  $\frac{3}{4}$ vi of cream or the richest milk, and same quantity of either white or brown bread. He continues that diet still.

The results, upon the *local disease*, have been as follows:—The pains in the part were lessened almost immediately. The purulent discharge very soon began to lessen, and in two or three months, it was evident that the disease was not augmenting. During the following winter the improvement was more decided. In the spring of 1848, being obliged to ride over dusty roads, to great distances, the eye was more irritated. Nevertheless, he felt, and his friends assured him, that the diseased part was really lessening and tending towards a cure. Since that period a steady improvement has taken place. The ulcerated mass, which was so perceptible to me two years since, has wholly gone, and now (August, 1849) I can discover no difference between the angles of the two eyes, save that in the right one there is a minute white spot, about a line in diameter, looking like a cicatrix. It is not harder than the adjacent parts, and had I not known of the existence of previous disease, I should not have noticed even this. There is no discharge, no pains, and a perfect cure seems to have been accomplished of a disease that had been existing for about ten years, in a patient aged 68 years.

The effects of this rigid diet upon the constitution, as a whole, are interesting.

In his mental estate, Dr. T. thinks he has been much less irritable than when he was *omnivorous*.

He had, at one time, an attack of vertigo (to which, however, he has been always liable), and, finding that he was *growing corpulent* under the diet, he, for a time, took less of it.

He has always been as strong as when indulging in a more generous diet.

He has been able to breathe better, having had less tendency to dyspnoea.

His digestion has been good, but with a slight tendency to costiveness.

His organs of circulation have been unaffected.

Renal excretion, for years, a little disturbed, as is not unfrequently the case in persons of his age.

Finally, Dr. T. presents to my mind the picture of a hale, robust man, in perfect health, so far as one can perceive, and but slightly touched by the influence of his many years of honorable and successful labour.

*Reflections upon Dr. T.'s case.*—The most important topic involved in the foregoing record is the restoration to health from what seemed to be malignant disease, and that this result followed the strict diet of bread and milk for two years.

*Second.* The cessation of asthmatic difficulties, after they had troubled the patient for twenty years, and that this cure likewise followed the change of diet, from an almost strictly animal diet to one quite the reverse, viz., strictly vegetable.

*Third.* Some readers may ask if these two cures are not merely examples of the '*post-hoc*;' and they may deny that there is any complete evidence of the '*propter hoc*.' I consent to the doubt, for it has entered my own mind. Nevertheless, if they are mere coincidences, they are pregnant with important suggestions. I confess that, in my own practice, I have never met with any cases so significant of the power that diet, simply and heroically used, has to *reorganize* a man.

*Fourth.* Dr. T.'s case becomes interesting as an evidence of the power of a man to subject his body to strict rule. In this epicurean age, it is quite refreshing to find one who 'eats to live, and does not live to eat.' A worthy professional brother of this city said, when the case was related to him, 'It might certainly be a question whether life were desirable under such a regimen!' I honour a hero wherever I find him, and the heroism of Dr. T., in undertaking and pursuing this course so long, merely in consequence of a theory, excites in me the greatest delight. In this skeptical, unbelieving era, I like to see any one having *faith*. Whether the theory was correct or not, it matters little—the fixed will of its follower arouses my enthusiasm; and this brings me to another topic of interest.

*Fifth.* The theory which governed Dr. T.—was it correct? I confess that I

am unable to solve the question; I merely suggest it. Some, whom I consider as our ablest animal chemists, think that it was by the process of starvation, as described by Liebig,\* that the cure was wrought. It seems to me that this cannot be the true explanation—for Dr. T. has always been stout, and it will be remembered that at one time he actually gained flesh under the diet!"

*Successful Ligation of the Femoral Artery for Wound of the Anterior Tibial.*—Dr. E. P. BENNETT, of Danbury, Conn., records in the *New York Journ. Med.* (March, 1850), a case of this in a middle-aged farmer who accidentally wounded himself with a sharp-pointed, narrow-bladed pocket-knife. The knife penetrated the leg about two inches below the knee-joint, passing between the tibia and fibula, wounding the artery immediately below where it passes the interosseous ligament. He bled rather profusely; but a physician being near at hand, the wound was merely brought together and secured by adhesive plaster and bandage, without any suspicions in regard to the true nature of the case. The result of course was an aneurismal tumour, pulsating violently, and when the bandage was removed bleeding furiously. This was his condition two weeks after the reception of the injury the time Dr. B. was called to see him. Pressure was tried on the femoral artery, but could not be so applied as to be borne by the patient, and at the end of a week was abandoned, and the femoral artery was tied in the usual manner and at the usual place. The ligation came away on the 30th day, and the patient recovered, regaining the perfect use of his limb.

*Fibrous Tumour of the left Ovary successfully removed by the large Abdominal Section.*—Dr. W. H. VAN BUREN records in the *New York Journal of Medicine* (March, 1850) a case of this kind. The subject of it was 21 years of age, and had never menstruated. Five years ago she first perceived a small, hard, movable lump in the lower part of the belly, on the left side, which slowly increased in size, approaching meanwhile the median line, and causing an appearance externally of gradual enlargement of the abdomen. In three years it had increased to its present size, and since then, she is of opinion that it has not materially enlarged. About this period, however, owing apparently to the pressure applied to the abdomen by her mode of dressing—with a view of concealing its unsightly prominence—she began to be troubled by a protrusion from the genitals, which was now a source of excessive annoyance; so that with the mortification caused by the abdominal enlargement, and the annoyance of the protrusion, which interfered with her walking, she was determined to submit to any means that promised relief. She was a young woman of fine appearance, and a recent opportunity which had offered of changing her mode of life contributed also to induce her to seek for aid.

Her general health had always been excellent, and her family rather remarkable for vigour of constitution, to which she was apparently no exception.

On examination, Dr. Van B. found the abdominal cavity occupied by a large, uniformly hard, spherical tumour, about the size of the head of an adult. It occupied the centre of the belly, and was exceedingly movable. In fact, it could be turned almost entirely over on its own axis, in attempting to roll it from one side of the abdomen to the other. The hands could be readily passed under the tumour, on every side, when the patient was lying on her back, and it could thus be lifted, as it were, from its bed. It lay, ordinarily, in contact with the symphysis pubis, but the fingers could be insinuated beneath it on this aspect, without difficulty, and it could be forced upwards at least four inches from the pubes. Between the thighs lay the inverted vagina, and the uterus, in a state of complete *procedentia*, forming a tumour, which protruded more than four inches from the vulva. At the most dependent point of this tumour was, of course, the os uteri, into which Dr. Van B. introduced a female catheter, which penetrated to the distance of five and three-quarter inches, before it came in contact with the fundus of the organ.

The tumour presented neither the ordinary shape nor feel of an uterus in a

\* Animal Chemistry, Cambridge ed. p. 25. 1842.

state of procidentia; it communicated to the fingers the idea of a long fibrous cylinder, about an inch in diameter. The os was perfectly healthy and natural in appearance, and contained some of the transparent and glutinous secretion of the follicles of the cavity of the cervix.\*

On grasping the uterus as it lay between the thighs firmly with one hand, whilst with the other the abdominal tumour was pushed as far and firmly as possible upwards towards the diaphragm, no impulse could be recognized as communicated by one hand to the other; and at the time, when the greatest amount of force was applied, the two hands were fully eight inches distant from each other, thus affording fair demonstration that the attachments of the tumour to the uterus were susceptible of considerable elongation, which circumstance, taken in connection with the extreme mobility of the tumour, rendered it almost certain that the pedicle by which it was attached to the uterine apparatus was both long and slender. When the uterus was restored to its normal position, the lower edge of the tumour was distinctly felt from the vagina, and its probable connection with the left ovary recognized. This was confirmed by the origin of the tumour in the left iliac region, and by the result of a rectal examination in the upright position, by which means a knobbed projection from the tumour was distinguished, which was supposed to be the left ovary.

The state of the case and also the risks of a surgical operation having been candidly stated to the patient, she expressed her willingness to incur any risk for the prospect of relief.

The evident absence of any extensive connection of this solitary tumour with any of the abdominal viscera, its apparently purely fibrous character, and the absence of all suspicion of anything carcinomatous in its nature, together with the excellent constitution, and quiet, determined character exhibited by the patient, induced Dr. Van B. to think very favourably of acceding to her request, and of submitting her to an operation. Her opinion that the tumour had not increased in size since the appearance of the *procidentia uteri*, he satisfied himself was fallacious. The efforts she employed to compress her abdomen within moderate dimensions, had evidently forced the tumour more into the cavity of the pelvis, and in so doing had extruded its natural contents, whilst the enlargement of the abdomen was apparently arrested. From the gradual increase in the size of her dresses, it was only too evident that the disease was steadily growing.

The patient was confined to a diet of bread and water for a week, and two doses of oil given. The operation was performed at 1 P. M., Nov. 1st. The patient, who had not been allowed to eat anything for five hours previously, was rendered insensible by the inhalation of chloroform, in an adjoining apartment, and immediately before commencing the inhalation, she was requested to empty her bladder as perfectly as possible, her pulse at this time, as before, was 76. It was about 65 when she was placed upon the table, nor did it vary materially from this rate, or in quality, during the hour and fifteen minutes that she was kept under the full influence of the anæsthetic; for she was not allowed to suffer the slightest pain, until some minutes after she was again replaced in bed, after the completion of the operation, the dressing, and the changing of her clothing.

After carefully replacing the uterus and vagina in their natural position, Dr. Van B. made an incision on the *linea alba* ten inches in length, and cut carefully down to the peritoneum, tying or twisting all the vessels that gave blood, in order that as little as possible should escape into its cavity. This incision, after opening the peritoneum, and slitting it upwards and downwards with a probe-pointed bistoury to the full extent of the external wound, it was necessary to prolong fully two inches before the tumour, with some effort, could be forced through it. At this moment it was found that the omentum was adherent to the superior surface of the tumour, over a space as large as

\* The whole tumour could be readily reduced into the cavity of the pelvis, where it would remain as long as the patient preserved the horizontal position, but as soon as she rose to her feet, it would come down again.



the open hand. This was quickly detached, the scalpel being carried as closely as possible to the periphery of the tumour; three vessels of the omentum required ligatures—of which both ends were cut off close to the knot, and the remaining portions returned to take their chance in the cavity of the peritoneum. The omentum detached, the pedicle of the tumour was found, consisting in fact of the left broad ligament of the uterus, singularly elongated and attenuated. This was detached from the tumour, still cutting close to its surface, and tying five arteries of considerable size as they were divided. The cut surface on the tumour, left by the division of this solitary attachment to the uterus, measured a half inch by two and a half inches. The tumour being thus removed, its pedicle, some six inches in length with five ligatures attached near to its fimbriated extremity, and containing palpably the Fallopian tube in its substance, was left protruding through the wound. This it was proposed to include, at its middle, in a solitary ligature, removing the distal portion, and dividing carefully the peritoneum on the uterine side of the ligature, in order to avoid strangulation—thus substituting one ligature for five. This was accordingly done, and the fimbriated extremity of the Fallopian tube, together with the point of attachment of the tumour to the broad ligament, was cut away. In the portion remaining there was no trace of an ovary. The right ovary and fundus of the uterus appeared to be in a normal condition.

The omentum was now replaced and the wound closed by the introduction of seven full-sized "Carlsbad insect pins" at equal intervals, around which were applied strands of soft coarse darning cotton, as recommended by Dieffenbach. Strips of adhesive plaster were accurately applied in the intervals, and the solitary ligature from the peritoneal cavity was brought out at the lower angle of the wound. A little scraped lint along the incision, a longitudinal compress, and a carefully applied bandage around the abdomen, completed the dressing. After changing some portions of her dress, our patient was carried to her bed-room, and was left, with but one attendant near her, in perfect quiet, until consciousness should return. At this time her pulse was seventy-five in the minute, and natural in quality.

Except two or three slight efforts at vomiting, the patient was perfectly quiet under the influence of chloroform. The peristaltic action of the intestines, usually so troublesome, was not observable. The tumour was twice twisted on its pedicle; it weighed seven pounds and measured 23 inches in circumference. On its surface were two irregularly-shaped commencing cysts, each about the capacity of  $\frac{1}{3}$ ij, containing ordinary serum. At the point where the pedicle was attached was the knobbed projection, the size of half a billiard ball, which had been felt from the rectum. On laying the tumour fairly open, its structure was to all appearance purely fibrous, and that of the knobbed projection was similar in all respects to the rest of the tumour. Its substance was uniformly very dense, permeated by some large venous sinuses, and apparently well supplied with blood-vessels, some of which retaining their contents, made vascular patches on the cut surface; otherwise its colour in the anterior was of a dead white. Here and there on the cut surface a minute sac, or vesicle, the size of a very small pea, was to be seen laid open by the knife.

Dr. A. Clark, by a microscopic examination of the tumour, satisfied himself of the purely fibrous character of the tumour.

The patient gradually recovered without any very unusual symptoms—the smaller ligatures came away early, and on the 19th day the larger one from the broad ligament separated on slight traction.

At first the uterus maintained its normal position perfectly, but shortly the os began to approximate to the vulva, and at the same time she complained much of uneasy sensations and dragging pains in the pelvis, and experienced a strong disposition to bend the body forwards in walking. The mucous lining of the vagina was also somewhat prolapsed around the vulva, in consequence of the previous elongation of its connections. Dr. Van B. introduced into the vagina a spherical caoutchouc pessary  $2\frac{1}{2}$  inches in diameter, which relieved the pain and enabled the patient to walk.

Dr. Van B. says that five operations for the removal of abdominal tumours

have now been done in New York, of which three of them, never recorded, terminated fatally from peritonitis, and two, one by Dr. D. L. Rogers, and the above, successfully.

*Tubal Pregnancy, with Rupture of the Fallopian Tube.* The following interesting example of this is recorded by Dr. W. C. HORLBECK, in the *Charleston Medical Journal* for May last.

The subject of it, a respectable married woman, had been perfectly well up to the moment of her attack, at 6 P. M. 22d, which was preceded by nothing premonitory, nor any over exertion. She was all at once seized with a violent pain in the lower part of her back and abdomen, after a sensation as of something dropping into the stomach. The surface of the body was cold, covered with a damp sweat, and the complexion perfectly pallid; there were occasional sighings, with a small, feeble and indistinct pulse. Her state of consciousness was much impaired, being in that imperfect condition of re-animation that is seen in persons recovering from fainting; so she was unable exactly to describe her feelings, but complained of general abdominal tenderness, referred particularly to the uterine region, and which was increased by pressure on that part. There was sickness of stomach and some attempts to vomit, with much restlessness and throwing herself from side to side. Under the impression that the counter-stimulant effects of her sufferings prevented action, to relieve her sufferings and equalize excitement a decided dose of morphine was administered, with directions to repeat it, and irritating agents directed to the skin. Her husband informed him that she had been pregnant but once, had not miscarried, had always been a healthy woman, had been married about two years, had weaned her child about one year old, seven days previously, and that she had menstruated three or four times since its birth, and had been a little so two days previously, but the quantity was less than usual. At daylight, on 23d, visited her, and found her face completely blanched, with an eye expressive of suffering, difficult to describe, surface cold, pulse fluttering, general abdominal tenderness and puffing, no tympanites; she spoke little, and was incapable of giving a satisfactory account of her symptoms. A large blister was applied over the abdomen and morphine repeated, which gave her some relief. At 12 A.M., her face was a little flushed, skin somewhat warmer, the heart labouring, but the pulse at the extremities not corresponding; imperfect reaction. At 4 P.M., similar condition as in the morning, it was difficult to rouse her, and she had one dark stool; stimulants ordered. At 9 P.M., sensibly weaker, abdomen distended, apparently moribund. 24th. She had passed a restless night, throwing herself from side to side, pulse indistinct and then capable of being felt, occasional heat and oppression in precordial region. In this condition she lingered until 10 P.M., fifty-two hours from the commencement of her attack.

Being doubtful as to the character of the disease, an autopsy was requested, and took place six hours after death. No ecchymosis in depending parts, usually seen after sudden death. On cutting into the abdomen an escape of blood took place, and my father then informed Dr. Wragg, who was present, that he was under the impression it would turn out to be a rupture of the Fallopian tube, from tubal pregnancy. On opening the abdomen, a large quantity of blood was discovered, filling up the interstices of intestinal convolutions, but more abundantly occupying the pelvic region.

The coagula and fluid blood, amounting to three quarts, being removed, the Fallopian tubes were examined, and a small rent found in the Fallopian tube near the uterus, of a size so small to be barely capable of admitting a crow's quill. The uterus and its appendages were removed, and on dissection presented the following appearances:—

The uterus was two or three times its natural size. The os tincæ patulous, its parietes much thickened, and the internal cavity, of twice its natural size, was coated by a reddish exudation of some consistence, easily separated with the handle of the scalpel. One inch from the corner of the uterus, in the left Fallopian tube, was a tumour as large as a pigeon's egg, and in its posterior inferior part the small rent through which her life and blood had ebbed away. On incising the parietes of the tube carefully, coagulated blood was found sur-

rounding a transparent serous membrane, eight to ten lines in length, filled with limpid serum, in which floated a fœtus five lines long, attached by an umbilical cord, with rudiments of arms and legs beginning to appear and a slight caudal projection of the coccyx. The ovaries were of full size, presenting several depressions; the right ovary contained one corpus senuatum, the left two; the three presenting all the characteristic appearances; in one of them there was a small deep-seated cavity, evidently caused by an ovisac not completely filled up, showing the appearance of a corpus luteum having not completely undergone all its changes. At the lower posterior part of the left ovary, corresponding to the side in which the fœtus was found, on extending the incision, a beautiful display of a very recent corpus luteum in process of formation presented itself to view. A cavity of six or seven lines, with a yellow membrane to which, at its upper extremity, a clot of blood three or four lines in length, filling the ovisac about one-fifth, was adherent, organized, but still preserving its character of blood. The rest of the body was in a healthy condition. All the above circumstances can be as well seen as it is possible to be done, in the preparation which I had the satisfaction of presenting to the Museum of the Medical College of the State of South Carolina.

*Diphtheritic Inflammation of the Pharynx as it prevailed epidemically, during the years 1847, '48 and '49, in Morgan, Monroe, and Guernsey counties, Ohio.* By DAVID WELSH, M.D., of Cumberland, Ohio. (*Ohio Medical and Surgical Journal*, May, 1850.)—This epidemic, the author of the paper states, made its appearance on the first of May, 1847, with great violence, in the vicinity of Sarahsville, Morgan county, Ohio, and continued to spread slowly and irregularly, until it embraced a large scope of country, sometimes confining itself to a few families in the neighbourhood, for an indefinite time, and partially subsiding, then manifesting itself in some distant district, and proceeding in the same way, until it travelled over a large territory; not unfrequently revisiting the same families and neighbourhoods as often as a third or fourth time, and not unfrequently, after an apparent subsidence of the epidemic for some weeks, simultaneously breaking out precisely the same time—perhaps the same period of the day, as nearly as could be ascertained.

This epidemic has been raging for nearly three years, and occasionally with great violence, while at other times it has assumed a milder character.

The following description is given of the symptoms of the epidemic:—

“The constitutional symptoms were generally vague and deceptive at the onset, there being but little to attract the attention of the careless observer—generally nothing more than apparent lassitude, with a dulness of expression, and slight tendency to somnolency, and generally moderate febrile excitement, and derangement of the secretions; the patient complaining little or none.

“The above symptoms were all so slight as not to excite attention, except in those who were induced to anticipate the disease. They were co-existent with the local development of the disease, and as they increased, the general symptoms became more grave, the febrile symptoms more or less augmented, the pulse, in a large majority of cases, feeble, and rather small, with marked prostration of the vital forces; and in the severe grades of the disease, if permitted to progress, the bowels, which were previously costive, soon became irritable, and fetid diarrhoea set in with severe typhoid symptoms, a distressing sense of sinking, and cadaverous expression of the features, as things progressed to a fatal termination; the foregoing symptoms having been somewhat modified according to the peculiar terminations or changes to which the disease was especially obnoxious.

“The first local appearance in this disease consisted in a slightly swollen condition of the fauces, the tonsils presenting a pale red, and somewhat mottled appearance, sometimes of a deeper tint, and confined more particularly to one side than the other. Very soon there could be seen concretions forming upon the inflamed surfaces, first in small circumscribed patches of an irregular shape, not very dissimilar to patches of curdled milk, of varying shades of colour, sometimes whitish-yellow, or ash colour, and at other times of a dirty bluish tint. As the inflammation went on, these inspissated concretions



spread and coalesced, presenting the appearance of false membranes, sometimes covering the entire pharynx and velum palati. These false membranes presented different degrees of consistence, from a soft pultaceous thin film to a tough, thick, and somewhat elastic material. There was also much variation in thickness, from that of letter paper to three or more lines; and after an indefinite time—from a few days to a week or more—these formations frequently commenced falling off; and if convalescence was about to take place, a new layer was formed in its stead, of less thickness, and the same process continued until the inflammatory action abated.

"The tonsil and velum palati were sometimes so swollen as to affect the respiration and deglutition; the vitiated secretions of the mouth and pharynx were accompanied with an exceedingly fetid odour; and blood could be seen oozing from the inflamed surfaces, which, together with the depraved secretions, frequently became very annoying to the sufferers.

"Simultaneously with the progress of the disease in the pharynx, the cervical and salivary glands became enlarged and tender to the touch; this, however, was not always a concomitant. There was a bloated appearance of the face, especially over the orbicularis palpebrarum; and the pain and difficulty of deglutition by no means corresponded with the extent of the lesion present, they being slight, and causing but comparatively little complaining, and therefore calculated to mislead the judgment, without accurate examination of the phenomena. The muscles about the neck and inferior maxilla were usually stiffened in proportion to the intensity of the diseased action.

"A prominent characteristic of the inflammation was its tendency to diffuse itself along the mucous membranes, and this constituted one of the principal sources of danger. It not unfrequently extended up the nasal passages, so that they became lined with false membranes; it rarely extended into the mouth, but occasionally into the oesophagus. The most dangerous extension was into the larynx, trachea, and bronchi, when the disease put on all the symptoms of pseudo-membranous croup, and threatened a speedy dissolution. Another serious feature in this epidemic was the tendency to gangrene of the pharynx, exhibiting all the symptoms of that fatal malady.

"Another characteristic of this disease was the deposit of the same kind of product upon the cutaneous surfaces, wherever the epidermis was raised by a blister, or the skin was otherwise inflamed. A scarlet eruption on the skin was observable in about one case out of fifty, presenting somewhat the appearance of scarlatina, but it did not occur at the same period of the disease that the eruption takes place in scarlet fever."

The treatment found most successful was as follows:—

"The very best local application was that of nitrate of silver, in a solution of twenty grains to the ounce of water, increased in various degrees, as required by the condition of the parts; this solution was applied by saturating a piece of sponge attached to a whalebone or stick, and applying tenderly to the parts affected, previously depressing the tongue with an instrument, repeated from twice to some half dozen times daily, according to the effect produced, and the urgency of the case. It was found advantageous to separate the false membranes, as far as convenient, without irritating, so that the medicines might be brought into immediate contact with the diseased surface. In some cases, powdered alum proved to be a useful auxiliary when blown upon the parts, but was not very frequently employed. The sol. of sulphate of copper and dilute muriatic acid were used to good advantage, but were inferior in value to the nitrate of silver. As an antiseptic, a weak solution of chloride of lime was used as a gargle extensively, and proved very useful; occasionally a little was permitted to pass into the stomach. When the parts began to assume a dark and livid appearance, the escharotics were increased in strength; and in extreme cases, where the diseased action approximated gangrene, nitrate of silver was applied in substance to the parts, great care being used so as to apply it only to the parts in which there was diminished action, when flannel was kept on the thorax externally, and mild counter-irritations, short of blistering, such as sinapisms, frequently repeated, or ammoniated liniments.

"The good effect of the solution of nitrate of silver, when applied to the

pharynx, would seem to suggest the propriety of its application to the trachea or larynx, when practicable, where the disease first invades these parts.

"When the parts investing the nasal cavities become implicated, a weak solution of nitrate of silver was employed, by introducing the muzzle of the syringe into the anterior nares; in the same manner, weak antiseptic washes for cleansing purposes, etc.

"It may be remarked that when this disease assumed the gangrenous form, the remedial means usual in that formidable malady were employed, but with little success; happily, these unfavourable terminations were rare, except in neglected cases, or such as had been injudiciously treated at first. The above named local management, when judiciously and early employed, in conjunction with appropriate constitutional treatment, proved almost universally successful; on the contrary, those cases which were treated on different principles frequently resulted in death, either by the extension of the inflammation into the air passages or gangrenes. There were a few patients in whom the disease had been severe, who were left, after its subsidence, with symptoms similar to those of incipient phthisis pulmonalis, which were successfully treated with the syr. of iodine of iron internally, and frictions with salt water externally, fresh air, wholesome food, &c.

"The constitutional treatment consisted of a mild antiphlogistic course at the onset, in a large majority of cases. The alimentary canal was cleared by a moderate cathartic, of calomel and rhubarb, or some other appropriate evacuant. If the presence of worms was ascertained, or other sources of irritation were found to be co-existing, they were removed as far as practicable. In the progress of the disease, mild evacuations, attention to the secretions, and regulation of the diet, constituted the main interval treatment. Venesection was not resorted to, except in plethoric subjects, where the inflammatory action partook more particularly of the thenic character, or depletion was rendered necessary by accidental complications. The disease in this epidemic usually persisted from one to three or four weeks, and in debilitated constitutions it became necessary to husband the strength with great care. In scrofulous, or otherwise cachectic subjects, with a strong tendency to gangrene, the body was washed with salt water, once or twice daily, frictions to the skin, pure air, together with all the means requisite to support the general health, were put in force.

"The extension of the disease into the larynx almost always proved an unfortunate event; death closed the scene generally in less than twenty-four hours. I know of no case that resulted favourably during this epidemic, after the respiratory organs become involved. The great rapidity of progress, and the violence that characterized this disease, after it assumed the aspect of pseudo-membranous croup, left but little time for remedial means; bathing and emetics were of but little avail; the mercurial treatment was not resorted to, so far as the writer is aware, though recommended by high authority for the purpose of dissolving and promoting the absorption of the formation upon the mucous membranes, but it was feared that the fetid breath, the swollen condition of the gums, and strong tendency to gangrene would render the first appearance of pyalism incognizable, and thereby endanger the disastrous consequences incident to the heroic administration of mercury to children over the age of two years. These facts, connected with the shortness of the time for the employment of remedies, rendered its use of doubtful propriety, except, perhaps, in a very small minority of cases."

*University of Pennsylvania.*—The venerable and universally esteemed Professor of the Theory and Practice of Medicine in this school, Dr. N. Chapman, has been induced, in consequence of feeble health, to resign the chair he has so long and ably filled.

No medical man in this country has ever attained a loftier position, or enjoyed a higher and more extensive reputation, or exercised a greater influence in the profession, than has Dr. Chapman; and we pray that his declining years may be as serene and genial as his career has hitherto been glorious and brilliant.

The trustees have received his resignation with regret, and have paid him the well merited compliment of electing him Emeritus Professor, as will be seen by the following letter:—

UNIVERSITY OF PENNSYLVANIA, April 2, 1850.

At a stated meeting of the Board of Trustees of the University of Pennsylvania, held this day, a communication was received from Dr. Nathaniel Chapman, resigning his situation as Professor of the Theory and Practice of Medicine in the University, when the following preamble and resolution were, on motion, unanimously adopted:—

The Trustees of the University of Pennsylvania have received, with much sensibility, the communication of Dr. Chapman's resignation. They learn from it, with sincere regret, that the state of his health will not permit him to continue the exercise of his duties as Professor of the Theory and Practice of Medicine, which they feel he has discharged long and well. In accepting the resignation of Dr. Chapman, the trustees desire to record an expression of their sense of the benefit which the University has derived from his eminent abilities, distinguished services, and long-established reputation, and to preserve such connection with him as his health will allow, by electing him Emeritus Professor of the same department which he has heretofore filled with activity and vigour.

*Resolved*, That Dr. Nathaniel Chapman be, and he is hereby elected Emeritus Professor of the Theory and Practice of Medicine in the University of Pennsylvania.

From the minutes,

GEO. EMLÉN, JR.

*Secretary of the Board of Trustees.*

Professor Chapman's colleagues have testified their feelings at the separation in the following letter:—

UNIVERSITY OF PENNSYLVANIA, April 8, 1850.

DR. NATHANIEL CHAPMAN—MY DEAR SIR:—The Medical Faculty have received, with deep emotions, the official information of your resignation of the Chair of the Theory and Practice of Medicine in this institution. The event was not unexpected. The obvious failure of your health and strength through the past winter had strongly impressed the faculty with the painful conviction that the long period during which medical teaching had been illustrated and this school had attained its most brilliant reputation by your genius, eloquence, and varied erudition, was approaching its close.

Yet, when the moment of final separation came, though prepared for its announcement, it could not but awaken feelings of regret. All of our associations connected with you are recollections of the most grateful and pleasing character. To you we owe many personal obligations; our intercourse as individuals and as a faculty has been marked by harmony and softened by the uniform cheerfulness of your temper and courtesy of manners; and in all points of difficulty, we ever found guidance and resource in the clearness of your perceptions and the soundness of your judgment.

It is in the order of Providence that man's days are few and numbered—still fewer are the days of his power, his usefulness, and his greatness. You have the consoling reflection, that to you has been granted a larger portion of these blessings than fall to the lot of most men. The annals of our science record few instances of professional life as brilliant as your own; exempted for so long a period from suffering, disease, and infirmity. The veteran and the victor through half a century of conflicts in the fields of science, now that failing strength forces you to obey the signal of retreat, you can contemplate with just pride, the triumphs you have gained, and repose on the laurels you have won.

Relieved from the anxieties and duties incident to a responsible and onerous position, strength may again brace your limbs, and health recruit your frame. Graceful and beautiful is the decline of the eminent and the good, honoured with an illustrious name and past recollections, revered by friends, and blessed with the choicest enjoyments of life—the love, the solace, and affection of a devoted family.

That you may be long spared, in the possession of these blessings to your

family, is the ardent prayer of your friends and colleagues, the Medical Faculty of the University of Pennsylvania.

From the proceedings of the Faculty, by order. W. E. HORNER, Dean.

Dr. GEORGE B. WOOD, who has filled for some years with signal ability the Chair of Materia Medica, has been transferred to the Chair of Practice, a position which his admirable work on the Practice of Medicine, as well as his highly cultivated mind, his long experience and eminent abilities as a lecturer prove him to be well qualified to fill with honour to himself and advantage to the school.

Dr. JOSEPH CARSON has been elected Professor of Materia Medica and Pharmacy. Dr. Carson has for some years been professor of this branch in the Philadelphia College of Pharmacy, and is eminently qualified to fill the chair by extensive knowledge of his subject, and long experience as a lecturer.

*Medical Graduates in the University of Pennsylvania.*—At a Public Commencement held April 6th, 1850, in the Musical Fund Hall, Locust Street, the Degree of Doctor of Medicine was conferred by the Rev. JOHN LUDLOW, D. D., Provost, upon the following gentlemen; after which an Address was delivered by Prof. HUGH L. HODGE, M. D.

NAME.		RESIDENCE.		ESSAY.
Adams, James C.	N. M. Town,	Bourbon,	Ky.,	Phthisis Pulmonalis.
Alder, L. L.	Muncy,	Lycoming,	Pa.,	Cynanche Trachealis.
Allison, David R.	Saltzburg,		Pa.,	
Ashby, John W.	Farrowsville,	Fauquier,	Va.,	Therapeutics of Iron and its consequences.
Atlee, Walter Franklin	Lancaster,	Lancaster,	Pa.,	Simple External Ulcers.
Barnes, William A.	Centreville,	Montgomery,	Ohio,	Typhoid Fever.
Barr, William H.	Middletown,	New Castle,	Del.,	Vaccina.
Bassett, Albert	Salem,	Salem,	N. J.,	Erysipelas.
Battle, Joel D.	Chapel Hill,	Orange,	N. C.,	Diagnosis.
Beazley, John S.	Jackson,	Hinds,	Miss.,	Prognosis.
Beers, Solomon	Easton,	Northampton,	Pa.,	Cholera Morbus.
Benton, Charles C.	Ox Bow,	Jefferson,	N. Y.,	Typhus Fever.
Berkeley, Thomas A.	Stanton,	Augusta,	Va.,	Gunshot Wounds.
Bivins, J. A.	Murfreesboro',	Rutherford,	Tenn.,	Auscultation in the Diagnosis of Pulmonary Diseases.
Boulware, Muscoe	Port Royal,	Caroline,	Va.,	Pneumonitis.
Boyd, Charles	Frederick City,	Frederick,	Md.,	Peritoneal Section.
Boykin, Bias	Clinton,	Sampson,	N. C.,	Dysentery.
Brassell, Philip H.	Fayetteville,	Fayette,	Ga.,	Abortion.
Briggs, Junius A.	Norfolk City,	Norfolk,	Va.,	Concussion of Brain.
Bugh Ezra	Up. Black Ed.	Bucks,	Pa.,	Phrenology.
Burke, Richard H. L.	Burkeville,	Prince Edward,	Va.,	Concussion of the Brain.
Butler, S. W.	Tahlequah,	Tahlequah, Cher. Nat.,		Uses of Hydrangea Arborescens.
Byers, Washington	Mt. Mourne,	Iredell,	N. C.,	Remittent Fever.
Cantwell, Terence J.	Youngstown,	Westmoreland,	Pa.,	Amenorrhœa.
Carson, William	Chillicothe,	Ross,	Ohio,	Natural History of Disease.
Cavanaugh, James	Easton,	Northampton,	Pa.,	Delirium Tremens.
Chappell, John R.	Petersburg,	Dinwiddie,	Va.,	Cholera as it prevailed in Petersburg, Va., 1849.
Clement, J. B. Jr.	Philadelphia,		Pa.,	Therapeutics of Iodine.
Coates, Charles E.	Coatesville,	Chester,	Pa.,	Inflammatory Dysentery.
Coblentz, Joseph (M.D.)	Middletown,	Frederick,	Md.,	Nutrition.
Confer, J. Mackenzie	Hollidaysburg,	Blair,	Pa.,	Gunshot Wounds.
Cook, John S.	Easton,	Northampton,	Pa.,	Diabetes.
Crabb, James T.	Philadelphia,		Pa.,	Epidemic Cholera.